State of Kansas Department of Administration Division of Accounts and Reports DA-180 (Rev. 06-03)

STATE OF KANSAS

SHARP PAYCHECK REVERSAL/ADJUSTMENT/SUPPLEMENTAL

(Please print or type all information

DEPT. ID	EMPLOYEE ID	EMPLOYEE ID Emp SSN		EMPLOYEE NAME (Last, First, MI)									
		Rcd #											
List the following information for each pay period to be adjusted:													
Zive the Ionowi		200 to be aujusteur											
	PAY PERIOD END DATE	PAYCHECK NUMBER	PAYCHECK DATE	NET PAY AMOUNT									
ORIGINAL		- THE CHILDREN	THE CHECK DITTE	1,221111111100111									
ADJUSTED													
	PAY PERIOD END DATE	PAYCHECK NUMBER	PAYCHECK DATE	NET PAY AMOUNT									
ORIGINAL		- III CILICIT (CIVIDEN	THE CHECK DITTE	1,221111111100111									
ADJUSTED													
	PAY PERIOD END DATE	PAYCHECK NUMBER	PAYCHECK DATE	NET PAY AMOUNT									
ORIGINAL													
ADJUSTED													
	PAY PERIOD END DATE	PAYCHECK NUMBER	PAYCHECK DATE	NET PAY AMOUNT									
ORIGINAL													
ADJUSTED													
	PAY PERIOD END DATE	PAYCHECK NUMBER	PAYCHECK DATE	NET PAY AMOUNT									
ORIGINAL													
ADJUSTED													
	PAY PERIOD END DATE	PAYCHECK NUMBER	PAYCHECK DATE	NET PAY AMOUNT									
ORIGINAL													
ADJUSTED													
	REVERSAL O ADJUSTME	NT SUPPLEMENTAL											
DESCRIP	TION: (Describe the situation that	t caused the Earnings or Deduc	tion adjustment. In the case o	f deduction adjustments,									
	ormation such as deduction covera	ge, carrier effective date of ded	luction, and any other relevant	information that would									
help explai	n the situation.												
(Agency Authorization Signature) (Request Date)													
	(Agency Authorization Signatu	(Request Date)											
(Contact Person) (Phone Number) (Extension)													

Attachment to DA-180

Employee ID					Original Check #						
PPED		A	djusted	Check #							
	(From Adjusted Ck) WAS			(Use Online Check) SHOULD BE			DIFFERENCE				
EARNINGS CODE			AMOUNT			AMOUNT	HRS \$ A		AMOUNT		
Total Pay											
	Emple	oyee	Employer	Empl	oyee	Employer	Empl	oyee	Employer		
EIC											
OASDI											
MEDICARE											
FED TAX											
ST TAX											
UCI											
LOCAL TAX											
GTLN											
GTL T											
STLEAV N											
WCIN											
Medical Ins. Codes:											
Dental Ins. Codes:											
Vision Ins. Code:											
VISIOIT IIIS. Code.											
Drug Ins. Codes:											
Drag mor Goddor											
Retirement Codes:											
				-			1				
NET											
INE I											